Application for Employment



DEPARTMENT OF HUMAN RESOURCES Fauquier County Government & Public Schools 10 Hotel Street • Warrenton, Virginia 20186

SUBSTITUTE APPLICATION

Phone: (540) 347-8668 Fax: (540) 347-3610 www.co.fauquier.va.us



☐ Personal Computer/Yrs.____

The Fauquier County Government and Public Schools is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, citizenship, age, handicap or disability, marital status, sexual orientation or status as a Vietnam era or special disabled veteran, in accordance with applicable federal, state and local laws. **PERSONAL DATA** 1. Position applying for: Social Security Number: _____ 2. Name: ____ (First) 3. Address _____(Street) (City) ______ Work Phone # (______) _____ 4. Home Phone # (_____) ___ 5. Are you under 18 years of age? Yes \(\square\) No \(\square\) If yes, can you furnish a work permit? Yes \(\square\) No \(\square\) 6. Are you eligible for employment in the U.S.? Yes ☐ No ☐ Date Application _____ In order to receive full consideration, you MUST complete items 1-15 You may enclose a resume for additional information. 7. **EDUCATION and TRAINING** High School College/University Graduate/Professional School Name and Address Years Completed (Circle) 10 11 12 2 3 4 Degree Conferred + Date Was College/University accredited when you graduated? Yes No Yes No Course of Study Special Qualifications (Include Active Technical/Professional Licenses and License Numbers, Academic or Professional Awards and Machine Skills): Clerical Skills: (Please indicate number of years experience in each category): Typing wpm/Yrs.__ ☐ Calculator/Yrs.____ ☐ Word Processor/Yrs.____

EMPLOYMENT HISTORY

Starting with the most recent, describe ALL paid, military and applicable volunteer experience. Highlight your knowledge, skills and abilities which best describe your qualifications for this position. If more space is required, attach an additional sheet utilizing the same format. AN EXPLANATION OF ANY PERIOD OF UNEMPLOY-MENT MUST BE INCLUDED in item #16. May we contact employers listed below? \square Yes \square No If no, mark with an asterisk (*) those you do not wish us to contact. A. DISMISSALS and/or FORCED RESIGNATIONS: Have you ever been dismissed or asked to resign from any \square Yes \square No If yes, explain further in item #16. B. Name of Employer: ______ From: ____/___To: ___/_
Address ____ Hours Per Week/Annual Salary: _____ MUST BE COMPLETED Type of Business: Phone Number: Name of Supervisor: ______ Your Job Title: _____ Briefly describe your position and duties: ____ Reason(s) you left, or would like to leave: C. Name of Employer: ______ From: ___/_ To: __/_

Address ____ Hours Per Week/Annual Salary: _____ MUST BE COMPLETED Type of Business: _____ Phone Number: ___ Name of Supervisor: ______ Your Job Title: _____ Briefly describe your position and duties: Reason(s) you left, or would like to leave: _____ D. Name of Employer: From: ___/_ To: __/_ (Month) (Year) To: __/_ Hours Per Week/Annual Salary: ____/ Address ____ MUST BE COMPLETED Type of Business: ___ Phone Number: _____ Name of Supervisor: Your Job Title: Briefly describe your position and duties: _____

Reasons(s) you left, or would like to leave:

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		MILITARY	SERVICE			
	9.	Have you served in the U.S. Armed Forces? Yes	TO DESCRIPTION OF THE PROPERTY			
	<i>)</i> .	Do you claim veterans preference? Yes No If y				
			es, applicable certificate must be attached			
		OTHER	DATA			
	10	Name of the Company o				
	10.	Have you ever been convicted of a law violation(s) birthday. Failure to provide information on ALL conviction Yes No	including moving traffic violations, since your 18th as could result in immediate dismissal.			
	j-1	If yes, give data, place, charge, court, and fine or sentence	e of conviction in Item #16. A conviction			
1.41		will not necessarily be a bar from employment. This infor	rmation will be considered in relation to specific job			
	1.1	requirements.				
	11.	Have you been convicted of any offense or found by any sexual molestation, physical or sexual abuse, or rape of a				
	12	Have you ever been an employee of Fauquier County Go				
. 1 % c c		If yes, previous dates of Employment: From Position:	To			
	13. na		overnment/Public Schools? Yes No If yes, please list			
		Are you known to references by any other name? (incl	luding maident name) 🗌 Yes 🔲 No			
		If yes, what name?				
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"Fauquier County Government/ Public Schools do not discriminate on the basis of race, color, national origin, sex, age, religion or handicap in its programs, activities, or employment practices as required by Title VI, Title IX, or section 504."

REFERENCES

Full Name	Complete Home Address	Occupation	Phone
1.	of grant branch particles the second	Marian de la Mariera	Office
			Home
2.			Office
			Home
3.			Office
			Home
	ADDITIONAL COM	MENTS	
6. If more space is requ	nired, attach an additional sheet utilizing the	same format.	
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